



STATEMENT OF QUALIFICATION OF LIMITED LIABILITY PARTNERSHIP

(Instructions on back of application)

2012 OCT -9 AM 9:15

The undersigned elects to be a Limited Liability Partnership, and submits the following information to the Secretary of State pursuant to Idaho Code § 53-3-1001

1. The name of the limited liability partnership is: Carper Holdings LLP
2. If previously filed a statement of partnership, the name used in that statement is: _____
- The date it was filed with the Idaho Secretary of State's Office was: _____
3. The street address of the limited liability partnership's chief executive office is: 324 s. 12th st. Coeur d'Alene, ID 83814
4. If the partnership does not have an office in the state of Idaho, the name and address of the registered agent is: _____
5. The mailing address for future correspondence is: 324 s. 12th st. Coeur d'Alene, ID 83814
6. The above-named partnership elects to be a limited liability partnership.
7. Future effective date (optional): 10/15/2012

8. Signature of at least 2 partners:

1) *Christopher S. Carper*

Typed Name Christopher S. Carper

2) *Patrick J. Carper*

Typed Name Patrick J. Carper

3) _____

Typed Name

Secretary of State use only

g:\corp\forms\qualif.p65 Revised 01/2001

Web Form

IDAHO SECRETARY OF STATE
10/09/2012 05:00
CK: 3845 CT: 275824 BH: 1342751
1 @ 100.00 = 100.00 QUALIF LLP # 2
1 @ 20.00 = 20.00 EXPEDITE C # 3

J2214